

FEB 18 2015

10/8/1638

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TRADEMARK APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

47399-0095

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (7 CFR 1.16(d))		
TOTAL CLAIMS (7 CFR 1.16(d))	35 minus 20 =	15
INDEPENDENT CLAIMS (7 CFR 1.16(d))	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT (7 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
	\$ ____		\$ 770
x \$ 9 =	135		
x \$ 18 =	270		
x \$ 86 =	86		
OR + ____ =	0		
TOTAL	178	OR TOTAL	1,126

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (7 CFR 1.16(d))	Minus	** 35	= 10
	Independent (7 CFR 1.16(d))	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (7 CFR 1.16(d))				

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ 0 =	0	x \$ 25 =	250
x 0 =	0	x 100 =	100
+ ____ =	0	+ ____ =	0
TOTAL ADDIT. FEE	0	OR TOTAL ADDIT. FEE	350

3/3/05

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (7 CFR 1.16(d))	Minus	** 45	= —
	Independent (7 CFR 1.16(d))	Minus	*** 4	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (7 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ 0 =	0	x \$ 0 =	0
x 0 =	0	x 0 =	0
+ ____ =	0	+ ____ =	0
TOTAL ADDIT. FEE	0	OR TOTAL ADDIT. FEE	0

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (7 CFR 1.16(d))	Minus	** 46	= 1
	Independent (7 CFR 1.16(d))	Minus	*** 5	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (7 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ 0 =	0	x \$ 50 =	50.00
x 0 =	0	x 0 =	0
+ ____ =	0	+ ____ =	0
TOTAL ADDIT. FEE	0	OR TOTAL ADDIT. FEE	0

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 1, enter "1".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Handicapped Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark  
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